

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Komodidad Distributors, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number 66-0261399
(EIN)

4. Debtor's address Principal place of business

156 Km 58.8
Caguas, PR 00727

Number, Street, City, State & ZIP Code

Caguas
County

Mailing address, if different from principal place of business

PO Box 6359
Caguas, PR 00726-6359

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

156 Km 58.8 Caguas, PR 00727
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) http://www.shopgatsby.com

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

Debtor

Komodidad Distributors, Inc.

Name

7. Describe debtor's business**A. Check one:**

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

Chapter 7
 Chapter 9
 Chapter 11. **Check all that apply:**

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment Relationship _____

District _____ When _____ Case number, if known _____

Debtor

Komodidad Distributors, Inc.

Name

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

 No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

 Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated Liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

Komodidad Distributors, Inc.

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 25, 2016
MM / DD / YYYY

/s/ Jorge Galliano

Signature of authorized representative of debtor

Jorge Galliano

Printed name

Title President

18. Signature of attorney

/s/ Javier Vilarino

Signature of attorney for debtor

Date May 25, 2016

MM / DD / YYYY

Javier Vilarino

Printed name

Vilarino & Associates

Firm name

PO BOX 9022515

SAN JUAN, PR 00902-2515

Number, Street, City, State & ZIP Code

Contact phone (787) 565-9894

Email address jvilarino@vilarinolaw.com

223503

Bar number and State

Debtor

Komodidad Distributors, Inc.

Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known)

Chapter 11 Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

Debtor	GA Property Development Corp.	Relationship to you	Affiliated Company
District	When _____	Case number, if known	
Debtor	GA Investors S.E.	Relationship to you	Affiliated Partnership
District	When _____	Case number, if known	
Debtor	GAMAXPORT, Inc.	Relationship to you	Affiliated Company
District	When _____	Case number, if known	
Debtor	GA Design & Sourcing Corp.	Relationship to you	Affiliated Company
District	When _____	Case number, if known	

KOMODIDAD DISTRIBUTORS, INC.
CERTIFICATE OF RESOLUTION

I, Carlos Galliano Artime, of legal age, married and resident of Caguas, Puerto Rico, in my capacity as Secretary of Komodidad Distributors, Inc., a corporation organized and existing under the laws of the Commonwealth of Puerto Rico (the "Corporation"), DO HEREBY CERTIFY that on a meeting of the Board of Directors of the Corporation which was called for and notified in accordance with the Corporate By-Laws, and for which quorum existed, having taken place said meeting on May 23, 2016, it was agreed and unanimously voted to approve the following resolutions:

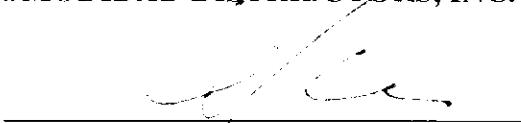
RESOLVED THAT, Komodidad Distributors, Inc., a corporation organized and existing under the laws of the Commonwealth of Puerto Rico (the "Corporation"), is hereby authorized to file a Chapter 11 Bankruptcy Petition and that the President, Jorge A. Galliano Artime, is hereby authorized to sign, on behalf of the Corporation, any petition, form, or other document(s) necessary or required in connection with the Chapter 11 Bankruptcy Petition to be filed before the US Bankruptcy Court for the District of Puerto Rico;

RESOLVED FURTHER THAT, the Corporation is hereby authorized to retain the services of. Javier Vilariño, Esq. to act as counsel for the Corporation with respect to said Chapter 11 Bankruptcy Petition.

I FURTHER CERTIFY THAT, the foregoing resolutions have not been subsequently amended, modified, altered or repealed and are in full force and effect as of the date hereof.

IN WITNESS WHEREOF, I hereby set my hand, at San Juan, Puerto Rico, this 24th day of May, 2016.

KOMODIDAD DISTRIBUTORS, INC.



Carlos J. Galliano Artime
Secretary



Fill in this information to identify the case:

Debtor name **Komodidad Distributors, Inc.**United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO, SAN JUAN DIVISION**

Case number (if known): _____

 Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express 200 Vesey St New York, NY 10285-1000						\$599,627.37
MAJESTIQUE CORPORATION PO Box 193066 San Juan, PR 00919-3066						\$231,811.09
HOP LUN 32/F, 9 Wing Hong Street, Cheung Sha Wan Kowloon, Hong Kong						\$161,746.80
DOIT Distributors / KIMIC LLC PO Box 441 Fajardo, PR 00738						\$133,399.03
Rosa Rodriguez, S.E. P.O. BOX 906 Hatillo, PR 00659						\$121,176.00
V.O. INDUSTRIAL CORPORATION PO Box 734 Caguas, PR 00726-0734						\$79,783.14
THE SEMBLER CO. 5858 Central Ave Saint Petersburg, FL 33707-1720						\$75,238.45
OLEM SHOE CORP. PO BOX 1036 Charlotte, NC 28201						\$70,554.30

Debtor **Komodidad Distributors, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
RANDY HANGERS, LLC DEPARTMENT AT 40190 Atlanta, GA 31192						\$66,939.00
Banco Popular de PR PO BOX 362708 San Juan, PR 00936-2708						\$65,018.41
DATA@ACCESS COMMUNICATIONS, INC 31 Ave de la Constitucion Ste 100 San Juan, PR 00901-2001						\$62,743.12
Leonisa CALLE O'NEILL 211 Hato Rey, PR 00918						\$55,558.68
International Intimates 31 W. 34TH ST, 9TH FLOOR New York, NY 10001						\$55,144.45
BANCO SANTANDER PO Box 362589 San Juan, PR 00936-2589						\$54,575.96
PERFUME CENTER OF AMERICA 2020 OCEAN AVE Ronkonkoma, NY 11779						\$53,286.50
Neu Enterprises P.O. Box 79505 Carolina, PR 00984						\$49,252.06
BODY GLOVE 6400 Cote Liesse, St Laurent Quebec, Canada						\$49,102.80
Millionaire Club PO BOX 1749 Sabana Seca, PR 00952						\$45,260.25
BANCO SANTANDER PO Box 362589 San Juan, PR 00936-2589						\$43,726.71

Debtor	Komodidad Distributors, Inc. Name			Case number (if known)		
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BRIAN BROTHERS INC.Cit Group 601 16th Street Carlstadt, NJ 07072						\$39,702.00

Fill in this information to identify the case:

Debtor name Komodidad Distributors, Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property*(Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 25, 2016

X /s/ Jorge Galliano

Signature of individual signing on behalf of debtor

Jorge Galliano

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Komodidad Distributors, Inc.**United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO, SAN JUAN DIVISION**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Ace Insurance PO Box 191249 San Juan, PR 00919-1249 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$3,508.29
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address AFLAC 1932 WYNNTON ROAD Columbus, GA 31999 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$7,858.68
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address ALMACOR BOGOTA Colombia Date(s) debt was incurred _____ Last 4 digits of account number _____	\$4,428.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address AMBIAENCE APPAREL-1 2415 E 15th St Los Angeles, CA 90021-2936 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$7,980.85
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)
3.5	Nonpriority creditor's name and mailing address American Express 200 Vesey St New York, NY 10285-1000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$599,627.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate-Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address American Hangers 687 Lehigh Ave Union, NJ 07083-7644 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,079.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address ANTILLAS SHOE CORP. PO Box 6559 San Juan, PR 00914-6559 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,923.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>0053</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>9012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>6746</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,975.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>1448</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,015.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.12	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>7825</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.71
3.13	Nonpriority creditor's name and mailing address Autoridad de Acueductos Alcantarillados PO Box 7066 San Juan, PR 00916-7066 Date(s) debt was incurred _____ Last 4 digits of account number <u>6561</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.86
3.14	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>1665</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.19
3.15	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>7536</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,257.98
3.16	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>7994</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.27
3.17	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>1525</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.15
3.18	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>0601</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.34

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.19	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>4002</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.90
3.20	Nonpriority creditor's name and mailing address Autoridad de Acueductos y Alcantarillado PO BOX 70101 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>4473</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.86
3.21	Nonpriority creditor's name and mailing address Autoridad de Energia Electrica P.O. BOX 363508 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,879.53
3.22	Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,474.33
3.23	Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,141.03
3.24	Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,417.52
3.25	Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.54

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.26	<p>Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred __ Last 4 digits of account number <u>2000</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,003.23
3.27	<p>Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred __ Last 4 digits of account number <u>1000</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,422.25
3.28	<p>Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred __ Last 4 digits of account number <u>1000</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,616.06
3.29	<p>Nonpriority creditor's name and mailing address Autoridad de Energia Electrica PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred __ Last 4 digits of account number <u>1000</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,737.70
3.30	<p>Nonpriority creditor's name and mailing address Autoridad de Energia Electrica P.O. BOX 363508 San Juan, PR 00936 Date(s) debt was incurred __ Last 4 digits of account number <u>1000</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,040.08
3.31	<p>Nonpriority creditor's name and mailing address BAGCOR, INC 100 Blvd Paseos Suite 112 MSC 200 San Juan, PR 00926 Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$869.70
3.32	<p>Nonpriority creditor's name and mailing address BALALAIKA Medellin Colombia Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$12,110.77

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.33	Nonpriority creditor's name and mailing address Banco Popular de PR PO BOX 362708 San Juan, PR 00936-2708 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,018.41
3.34	Nonpriority creditor's name and mailing address Banco Popular de PR PO Box 362708 San Juan, PR 00936-2708 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>C-Galliano</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,186.10
3.35	Nonpriority creditor's name and mailing address BANCO SANTANDER PO Box 362589 San Juan, PR 00936-2589 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>C Galliano</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,575.96
3.36	Nonpriority creditor's name and mailing address BANCO SANTANDER PO Box 362589 San Juan, PR 00936-2589 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,726.71
3.37	Nonpriority creditor's name and mailing address BENIKO INC. 99 Park Ave New York, NY 10016-1601 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,495.20
3.38	Nonpriority creditor's name and mailing address BLACK HORSE, INC. PO BOX 880 Guaynabo, PR 00970-0880 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,133.02
3.39	Nonpriority creditor's name and mailing address BLANCO & RIERA INC. 609 Carpenter Road Santurce, PR 00916 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,480.22

Debtor	Komodidad Distributors, Inc.	Case number (if known)
Name		
3.40	Nonpriority creditor's name and mailing address BLUE SKETCH 1015 S. Croker St. R-3 Los Angeles, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,420.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address BODY GLOVE 6400 Cote Liesse, St Laurent Quebec, Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,102.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Brand Ministry NYC 545 Eight Avenue Suite 1700 New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,666.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address BRENDA RODRIGUEZ 390 Juncos Street, la Cumbre San Juan, PR 00925 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address BRIAN BROTHERS INC.Cit Group 601 16th Street Carlstadt, NJ 07072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39,702.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Burnside PO BOX Charlotte, NC 28201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,280.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address CADILLAC UNIFORM & LINEN 221 Avenida Laurel # 221 Bayamon, PR 00959-1908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,757.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.47	Nonpriority creditor's name and mailing address CAMROSE TRADING INC. 1173 NW 159th Dr. Miami, FL 33169 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,416.00
3.48	Nonpriority creditor's name and mailing address Caviar Dremes PO BOX 60288 Los Angeles, CA 90060 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,149.00
3.49	Nonpriority creditor's name and mailing address CHAMELA Zona Industrial de Belen Calle 29D, No 55 - 173 Colombia Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,656.52
3.50	Nonpriority creditor's name and mailing address CN International 935 de La Gauchetière Street West Montreal, Quebec Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,312.00
3.51	Nonpriority creditor's name and mailing address CONWASTE PO Box 1322 Gurabo, PR 00778-1322 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GA INVEST-SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,371.45
3.52	Nonpriority creditor's name and mailing address CORPO CARACOLE SABANETA, ANTIOQUIA COLOMBIA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,694.36
3.53	Nonpriority creditor's name and mailing address COVA 3550 Cadillac Avenue Costa Mesa, CA 92626 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,610.80

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)
3.54	Nonpriority creditor's name and mailing address D.G. TECK 33604 West Eight Mile Road Farmington Hills, MI 48335 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$20,650.55
3.55	Nonpriority creditor's name and mailing address DALI OVERSEAS CORP. 9208 Emerson Ave. Surfside, FL 33142 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$6,624.00
3.56	Nonpriority creditor's name and mailing address DATA@ACCESS COMMUNICATIONS,INC 31 Ave de la Constitucion Ste 100 San Juan, PR 00901-2001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$62,743.12
3.57	Nonpriority creditor's name and mailing address DC Shoes - USA PO BOX 749337 Los Angeles, CA 90074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$16,028.60
3.58	Nonpriority creditor's name and mailing address DE ANGEL & COMPAÑIA PO Box 5460 Caguas, PR 00726-5460 Date(s) debt was incurred <u>MAY, 2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GA Design & Sourcing Corp/ SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$12,442.87
3.59	Nonpriority creditor's name and mailing address DEYA ELEVATOR SERVICE INC PO BOX 362411 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$223.00
3.60	Nonpriority creditor's name and mailing address DHL Airways, Inc. 14076 Collections Centre Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,872.90

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.61	<p>Nonpriority creditor's name and mailing address DIESEL ENGINE TECHNICAL PMB 632 HC 1 Box 29030 Caguas, PR 00725-8900</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>MAINTENANCE</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,190.55
3.62	<p>Nonpriority creditor's name and mailing address DOIT Distributors / KIMIC LLC</p> <p>PO Box 441 Fajardo, PR 00738</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$133,399.03
3.63	<p>Nonpriority creditor's name and mailing address ECONOMY PRESS, LLC</p> <p>PO Box 364983 San Juan, PR 00936</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,740.03
3.64	<p>Nonpriority creditor's name and mailing address Element Model & Talent Management</p> <p>Calle 18 SE #807, Caparra Terrace San Juan, PR 00921</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$8,302.00
3.65	<p>Nonpriority creditor's name and mailing address Emergency Generators Miami 5820 NW 84th Ave Miami, FL 33166-3313</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,913.30
3.66	<p>Nonpriority creditor's name and mailing address Emilio Pinero Ferrer</p> <p>PO BOX 13614 San Juan, PR 00908</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$9,867.00
3.67	<p>Nonpriority creditor's name and mailing address Evertec Group, LLC</p> <p>PO BOX 364527 San Juan, PR 00936</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,014.00

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.68	Nonpriority creditor's name and mailing address Evolution in Design 3500 Old York Rd. Gastonia, NC 28056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,260.00
3.69	Nonpriority creditor's name and mailing address Fast Office & Computer Supply Calle Aguadilla No. 24 Hato Rey, PR 00917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,847.07
3.70	Nonpriority creditor's name and mailing address FIDDLER GONZALEZ & RODRIGUEZ, P.S. 254 Ave Munoz Rivera Fl 6 San Juan, PR 00918-1900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GA-SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,349.05
3.71	Nonpriority creditor's name and mailing address Fondo del Seguro del Estado PO BOX 365028 San Juan, PR 00936-5028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,924.70
3.72	Nonpriority creditor's name and mailing address GANJI 1015 CROCHER ST. R08 Los Angeles, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
3.73	Nonpriority creditor's name and mailing address Garotas CII. 6SUR NO.52-62 MEDELLIN COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,115.18
3.74	Nonpriority creditor's name and mailing address Gemini 1100 S. SAN PEDRO, St. B-1 Los Angeles, CA 90015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,440.00

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.75	Nonpriority creditor's name and mailing address Gesco Alarm System PO Box 2110 Bayamon, PR 00960-2110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,579.83
3.76	Nonpriority creditor's name and mailing address Grainger DEPT 879325330 Palatine, IL 60038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,142.78
3.77	Nonpriority creditor's name and mailing address Guilbert Tex Inc./ Smash 4801 STAUTON AVE Los Angeles, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,947.00
3.78	Nonpriority creditor's name and mailing address HOP LUN 32/F, 9 Wing Hong Street, Cheung Sha Wan Kowloon, Hong Kong Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,746.80
3.79	Nonpriority creditor's name and mailing address HP Company 5980 MIAMI LAKES DRIVE Miami lakes, FL 33014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Rentals</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,260.54
3.80	Nonpriority creditor's name and mailing address IMPRENTA CARTAGENA 156 Km 57.1 Marginal Bldg CARTAGENA Caguas, PR 00725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,615.35
3.81	Nonpriority creditor's name and mailing address INA 754 E 12th Street 3 Los Angeles, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,269.50

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.82	<p>Nonpriority creditor's name and mailing address INDUSTRIAS ST EVEN LTDA A.A. 60094 LOCAL 401 CARRERA 46 NO. 30-61 PISO 4 Medellin, Colombia</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$25,762.67
3.83	<p>Nonpriority creditor's name and mailing address Inspira Mental Health Management</p> <p>PO BOX 9809 Caguas, PR 00726</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$733.20
3.84	<p>Nonpriority creditor's name and mailing address Interboro Systems Corp.</p> <p>P.O. BOX 6371 San Juan, PR 00914</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,258.80
3.85	<p>Nonpriority creditor's name and mailing address International Intimates</p> <p>31 W. 34TH ST, 9TH FLOOR New York, NY 10001</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$55,144.45
3.86	<p>Nonpriority creditor's name and mailing address Island Footwear</p> <p>601 North Congress Ave. Suite 202 Delray Beach, FL 33445</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,006.00
3.87	<p>Nonpriority creditor's name and mailing address JOIA Accesories</p> <p>1020 S CROCKER ST Los Angeles, CA 90021</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$8,939.50
3.88	<p>Nonpriority creditor's name and mailing address JT Consulting Group, Inc.</p> <p>P.O. BOX 70250 SUITE 142 San Juan, PR 00936</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,580.38

Debtor	Komodidad Distributors, Inc.	Case number (if known)
Name		
3.89	Nonpriority creditor's name and mailing address La Strada PO BOX 1036 Charlotte, NC 28201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	Nonpriority creditor's name and mailing address Leonisa CALLE O'NEILL 211 Hato Rey, PR 00918	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	Nonpriority creditor's name and mailing address LIRA 5521 Schaefer Avenue Chino, CA 91710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	Nonpriority creditor's name and mailing address LOST ENTERPRISES - CIT GROUP 170 TECHNOLOGY DRIVE Irvine, CA 92618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address Love Tree - General Business 110 E. 9TH STREET Suite A-1126 Los Angeles, CA 90079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address Lovely Day - 1 1015 S. Crocker St #S-03 Los Angeles, CA 90021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address MAGIC TRANSPORT PO Box 360729 San Juan, PR 00936-0729	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.96	<p>Nonpriority creditor's name and mailing address MAJESTIQUE CORPORATION PO Box 193066 San Juan, PR 00919-3066 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$231,811.09
3.97	<p>Nonpriority creditor's name and mailing address Mar Jack Calle Delicias #1250 Pto. Nuevo, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$636.48
3.98	<p>Nonpriority creditor's name and mailing address Mar Jor & Sons, Inc. PO BOX 362613 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$16,933.99
3.99	<p>Nonpriority creditor's name and mailing address MEZZANINE USA INC-2 3701 S Broadway Los Angeles, CA 90007-4435 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,352.50
3.100	<p>Nonpriority creditor's name and mailing address MIK MAK, Inc. 1200 SANTEE ST. Suite 603 Los Angeles, CA 90015 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$21,892.80
3.101	<p>Nonpriority creditor's name and mailing address Millionaire Club PO BOX 1749 Sabana Seca, PR 00952 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$45,260.25
3.102	<p>Nonpriority creditor's name and mailing address Moda Gentleman 1426 PALOMA ST Los Angeles, CA 90021 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,840.00

Debtor	Komodidad Distributors, Inc.	Case number (if known)	
Name			
3.103	Nonpriority creditor's name and mailing address Monica Galliano 11885 NW 78 PL Parkland, FL 33076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,015.00
3.104	Nonpriority creditor's name and mailing address Multi Fire Products PO BOX 8984 San Juan, PR 00910 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.00
3.105	Nonpriority creditor's name and mailing address Natura Trading Incorporado 426 CORCEGA ST San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,239.12
3.106	Nonpriority creditor's name and mailing address Natural Dyes - Cit Group 1074 ORCHARD STREET North Benswick, NJ 08902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,324.00
3.107	Nonpriority creditor's name and mailing address Neu Enterprises P.O. Box 79505 Carolina, PR 00984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,252.06
3.108	Nonpriority creditor's name and mailing address NEW GARDEN DESIGN INC PO Box 1236 Cidra, PR 00739-1236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,867.63
3.109	Nonpriority creditor's name and mailing address Noble U 1015 S. Crooker Street, #R-21 Los Angeles, CA 90021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$918.00

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.110	Nonpriority creditor's name and mailing address OLEM SHOE CORP. PO BOX 1036 Charlotte, NC 28201 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,554.30
3.111	Nonpriority creditor's name and mailing address Olive Tree PO BOX 741084 Los Angeles, CA 90074 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,700.00
3.112	Nonpriority creditor's name and mailing address Papermoon Clothing 1700 E WASHINGTON BLVD Los Angeles, CA 90021 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,092.00
3.113	Nonpriority creditor's name and mailing address Parvenue 777 E. 10th St. #305 Los Angeles, CA 90021 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,401.50
3.114	Nonpriority creditor's name and mailing address PC ASSOCIATES PO Box 1711 Sabana Seca, PR 00952 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,125.49
3.115	Nonpriority creditor's name and mailing address PENSION ADMINISTRATORS GROUP, INC PO BOX 9023794 San Juan, PR 00902 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,051.81
3.116	Nonpriority creditor's name and mailing address PERFUME CENTER OF AMERICA 2020 OCEAN AVE Ronkonkoma, NY 11779 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,286.50

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)
3.117	Nonpriority creditor's name and mailing address PYN USA FOOTWEAR INC 310 NW 25th Street Miami, FL 33127 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$13,977.60
3.118	Nonpriority creditor's name and mailing address QUALITY WATER SERVICE PO BOX 9020096 San Juan, PR 00902 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$540.80
3.119	Nonpriority creditor's name and mailing address RADIO MARKETING SYSTEMS 425 CARR 693 PMB 193 Dorado, PR 00646 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$450.00
3.120	Nonpriority creditor's name and mailing address RANDY HANGERS, LLC DEPARTMENT AT 40190 Atlanta, GA 31192 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$66,939.00
3.121	Nonpriority creditor's name and mailing address RANGER AMERICAN P.O. BOX 29105 San Juan, PR 00929 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2,871.13
3.122	Nonpriority creditor's name and mailing address RGIS INVENTORY SPECIALISTS PO BOX 77631 Detroit, MI 48277 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$18,440.06
3.123	Nonpriority creditor's name and mailing address Rosa Rodriguez, S.E. P.O. BOX 906 Hatillo, PR 00659 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$121,176.00

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.124	Nonpriority creditor's name and mailing address SARAMAX--CIT GROUP PO BOX 1036 Charlotte, NC 28201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,097.00
3.125	Nonpriority creditor's name and mailing address SASCO Trading, Inc. 1410 BROADWAY SUITE 1908 New York, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,484.50
3.126	Nonpriority creditor's name and mailing address SEA FREIHT PO Box 4003 Carolina, PR 00984-4003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,668.28
3.127	Nonpriority creditor's name and mailing address SEGURO SERVICIO DE SALUD P.O. BOX 71548 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,040.75
3.128	Nonpriority creditor's name and mailing address Sion Security Guard inc COM. EL LAUREL 434 Paseo Ruisenor Coto Laurel, PR 00780-2408 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.14
3.129	Nonpriority creditor's name and mailing address SLC FOOTWEAR 570 NW 26th St Miami, FL 33127-4334 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,524.00
3.130	Nonpriority creditor's name and mailing address STRATA GARMENTS 2823 State Road A1a Atlantic Beach, FL 32233-2843 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,554.00

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.131	Nonpriority creditor's name and mailing address SUMMIT INTERNATIONAL PO Box 1045 Sabana Seca, PR 00952-1045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,025.16
3.132	Nonpriority creditor's name and mailing address SUNSET SPORTWEAR 424 Sunset Blvd S Sunset Beach, NC 28468-4166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,378.14
3.133	Nonpriority creditor's name and mailing address TEA & ROSE FILE 51084 Los Angeles, CA 90074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,653.00
3.134	Nonpriority creditor's name and mailing address The Factory Calle Gautier Benitez # 1 Caguas, PR 00726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,377.01
3.135	Nonpriority creditor's name and mailing address THE SEMBLER CO. 5858 Central Ave Saint Petersburg, FL 33707-1720 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,238.45
3.136	Nonpriority creditor's name and mailing address THE VINTAGE SHOP 1015 S. CROCKER ST #R14 Los Angeles, CA 90021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,790.00
3.137	Nonpriority creditor's name and mailing address Toto Collection 1100 S. SAN PEDRO ST.# C-5 Los Angeles, CA 90015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,098.00

Debtor	Komodidad Distributors, Inc. Name	Case number (if known)	
3.138	Nonpriority creditor's name and mailing address TRANS UNION DE P.R., INC. PO Box 364983 San Juan, PR 00936-4983 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,164.42
3.139	Nonpriority creditor's name and mailing address V.O. INDUSTRIAL CORPORATION PO Box 734 Caguas, PR 00726-0734 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,783.14
3.140	Nonpriority creditor's name and mailing address VICTORY INTERNATIONAL 75 Newfield Ave Edison, NJ 08837-3816 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,488.00
3.141	Nonpriority creditor's name and mailing address VIVACE 726 E. 12TH ST. #116 Los Angeles, CA 90021 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,574.00
3.142	Nonpriority creditor's name and mailing address WASTE MANAGEMENT DE PR PO BOX 594 Caguas, PR 00726 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,436.39
3.143	Nonpriority creditor's name and mailing address WILFREDO CUSTODIO PO Box 1091 Canovanas, PR 00729-1091 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,255.00
3.144	Nonpriority creditor's name and mailing address WORLDNET PO BOX 70201 San Juan, PR 00936 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,346.64

Debtor Komodidad Distributors, Inc.

Case number (if known)

3.145	Nonpriority creditor's name and mailing address XEROX CORP PO BOX 827598 Philadelphia, PA 19182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,840.86
3.146	Nonpriority creditor's name and mailing address YANBER AMERICA, INC BOX 1926 CAROLINA, PR 00984 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PACKING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,775.30
3.147	Nonpriority creditor's name and mailing address YMI JEANSWEAR 1155 S Boyle Ave Los Angeles, CA 90023-2109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,160.00
3.148	Nonpriority creditor's name and mailing address ZAD JEWERLY 30 S La Patera Ln # 9 Santa Barbara, CA 93117-3253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,022.68
3.149	Nonpriority creditor's name and mailing address ZENOBIA, INC 1100 S San Pedro St Ste A-4 Los Angeles, CA 90015-2328 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,208.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

	Total of claim amounts
5a. \$	0.00
5b. + \$	3,080,381.87
5c. \$	3,080,381.87

United States Bankruptcy Court
District of Puerto Rico

In re: Komodidad Distributors, Inc.
Debtor

Case No. _____
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$ _____
Prior to the filing of this statement I have received \$ _____
Balance Due \$ _____

■ RETAINER

For legal services, I have agreed to accept and received a retainer of **\$10,000.00**
The undersigned shall bill against the retainer at an hourly rate of
SEE RATES

BELOW

[Or attach firm hourly rates schedule] Debtor(s) have agreed to pay all Court approved Fees and expenses exceeding the amount of the retainer.

2. \$1,717.00 of the filing fee has been paid.

3. The source of compensation paid to me was:

Debtor Other (specify)

4. The source of compensation to be paid to me is:

Debtor Other (specify)

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

ALL SERVICES WILL BE BILLED UPON A FEE PER HOUR:

- a. In the case of Javier Vilarino, Esq (Senior Attorney), a rate of \$235.00 per hour plus any costs and expenses.
- b. In the case of Associates, a rate of \$170.00 per hour plus any costs and expenses.
- c. In the case of Law Clerks, a rate of \$100.00 per hour plus any costs and expenses.
- d. In the case of Paralegals, a rate of \$85.00 per hour plus any costs and expenses.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 25, 2016

Date

/s/ Javier Vilarino

JAVIER VILARIÑO

USDC NUM. 223503

Signature of Attorney

VILARINO & ASSOCIATES LLC

PO BOX 9022515

San Juan, PR 00902-2515

Name of law firm

E-mail: jvilarino@vilarinolaw.com

IN RE:

Komodidad Distributors, Inc.

Debtor(s)

Case No. _____

Chapter 33

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: May 25, 2016 Signature: /s/ Jorge Galliano
Jorge Galliano, President Debtor

Date: _____ Signature: _____ Joint Debtor, if any